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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: August 14, 2006
Pages: 26 pages (including this cover sheet)

MESSAGE:

APPLICATION DATA ERROR CORRECTION SUPPORT
Application No. 09/965,772
Examiner Quoc A. Tran
Art Unit 2176

Amendment Transmittal
Amendment

JP9-2000-0267
(590.083)

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REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. JP9-2000-0267
(590.083)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Tomio Amano
Serial No. : 09/965,772 Examiner : Quoc A. Tran
Filed : September 27, 2001 Group Art Unit : 2176
For : APPLICATION DATA ERROR CORRECTION SUPPORT

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

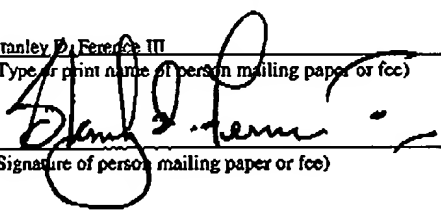
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on August 14, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. JP9-2000-0267
 (590.083)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

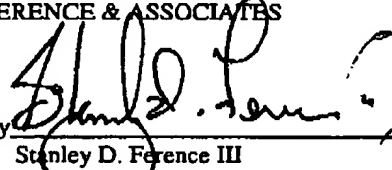
	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total	22	-	** 22	=	* 0	x	\$25	=	O	x	\$50	= 0
Claims									R			
Ind.	14	-	*** 14	=	* 0	x	\$100	=	O	x	\$200	= 0
Claims									R			
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	O	+	\$360	=
									R			
							TOTAL	= \$	O		TOTAL	= \$0
									R			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

 By 
 Stanley D. Ference III
 Reg. No. 33,879
Dated: August 14, 2006

Mailing Address:

 Customer No. 35195
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 400 Broad Street
 Pittsburgh, Pennsylvania 15143
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